

7031914
202

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Hair</i>	<i>52</i>	<i>05/05-01</i>
I.P.E. CLASSIFIER	<i>SM</i>	<i>3-864</i>	<i>7/24/01</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

..... Rejected N Non-elected
 Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 Restricted O Objected

Claim	Date
Final Original	
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If more than 150 claims or 10 actions
staple additional sheet her

(LEFT INSIDE)

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